K A N S A S

RODERICK L. BREMBY, SECRETARY KATHLEEN SEBELIUS, GOVERNOR
DEPARTMENT OF HEALTH AND ENVIRONMENT

M E M O R A N D U M

TO: Local Health Agencies
Other Grantees

FROM: Roderick L. Bremby, Secretary

DATE: January 14, 2005

RE: Grant Application Guidelines and Grant Reporting Instructions SFY 2006

The Grant Application Guidelines and Grant Reporting Instructions for the following programs are enclosed for your review and submittal: General Health (Formula Grant), Primary Care, Child Care Licensing and Registration, Chronic Disease Risk Reduction, Maternal and Child Health, Family Planning, School Linked Services, Teen Pregnancy, HIV/AIDS (current contractors only), and Immunization Action Plan (IAP).

Three (3) complete copies of each of the grant applications, postmarked not later than Tuesday, March 15, 2005, should be mailed to:

Kansas Department of Health & Environment
Office of Local & Rural Health
ATTN: Amber Hermreck
Curtis State Office Building
1000 SW Jackson Ave, Suite 340
Topeka, KS 66612-1365

Reporting instructions for grant programs which are not included in this packet and forms such as affidavits, etc. will be in the Grant/Contract Reporting Instructions SFY 2006.

Enclosure
pc: Richard Morrissey, Interim Director of Health

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GRANT GENERAL INFORMATION

Each year, the Kansas Department of Health and Environment (KDHE) makes federal and state funds available to local units of government and other eligible agencies to support public health services in local communities. The goal is to support services which maintain and improve the health of Kansas residents. There are two types of funding to local agencies:

1. **STATE FORMULA FUNDS** - General Health Services
   These funds are available to local public health departments on a formula basis to support general health services. To be eligible for these funds, the Local Health Agency must be a county, city-county or a multi-county health department supported by sufficient local tax revenues and expenditures to meet the maintenance of effort requirements. (See memorandum in Attachment #6)

2. **CATEGORICAL GRANT FUNDS**
   These funds support more specific or targeted health service needs. Continued funding is not automatic. An annual application for each type of funding must be submitted to KDHE by the deadline.

   The applicant must meet local matching requirements for each type of Categorical Grant Funds requested.

   Successful administration of grant funds requires that the Local Health Agency:

   a. Comply with federal and state policies and regulations.

   b. Bill Medicaid or other third party payers for services provided to eligible clients. The project must develop and implement a cost-based sliding fee schedule. Funds generated from client fees or third party reimbursement will be used to support the maintenance of effort and/or expansion of services.

   c. Implement an annual staff education plan which identifies education needs of existing staff and plans for upgrading provider skills in identified needs areas; includes a provision for attendance at annual KDHE updates in primary service areas; and, provides for orientation and in-service training of new staff.

   d. Provide integrated services, client records and implement multi-program staff meetings.

   e. If providing multi-county services, provide each member county with a copy of the Grant Application Guidelines, completed application package, related program contact, Grant Reporting Instructions, and have on file a signed memorandum of agreement with each participating county.

f. Submit documentation of (a) progress in achieving objectives and (b) expenditures (quarterly Certified Affidavit of Expenditures). Documentation is used to understand public health needs and services in the state, and convey information and data to relevant federal and state agencies.

g. Fiscal control and fund accounting procedures must exist to ensure the proper disbursement and the accountability of grant funds. Cost center accounting should be established to document revenues and expenditures for each type of funding. The accounting system should reflect all receipts, obligations, revenues, and disbursements of grant and local funds.

h. The local unit of government or other eligible agencies are fully responsible for providing individual employee coverage for Workers Compensation, unemployment insurance, and social security. The agencies are also responsible for income tax deductions, other tax or payroll deductions, and providing any benefits required by law for those employees who are employed on behalf of the grant program.

i. Please submit all grant applications under one cover.

OUTLINE OF SUBMITTAL REQUIREMENTS

STATE FORMULA GRANT

1. Submit a completed **APPLICATION FOR GRANT** (Attachment #1). Instructions for completing the application are on the reverse side of the form. The required copy of the 2005 Board of County Commission-approved County Health Department budget takes the place of the detailed budget form for the State Formula grant.

CATEGORICAL GRANTS (all other types of funding)

2. Submit a completed **APPLICATION FOR GRANT** (Attachment #1). Instructions for completing the application are on the reverse side of the form. One completed form is required as the cover sheet for each Local Health Agency application. Check the items submitted with the application.

3. Complete one **PROGRAM REQUEST** (Attachment #2) **for each type of categorical funding requested**. Instructions for completing the objectives are provided in the guidance materials.

4. Complete one **DETAILED BUDGET** (Attachment #3 or #4) **for each type of categorical funding requested**. Instructions for completing the budget are provided on the reverse side of the form.

   a. Information about Matching funds from Local Health Agency
   Some federal funds require state and local match. The amount of local match may vary from program to program. (See categorical program descriptions for required match.) The match amount must be equal to or greater than the minimum required match, and should reflect the Local Health Agency's total share of the grant program. Local funds spent by the Local Health Agency for travel, personnel, supplies, capital equipment, and "other" may be used as match. Indirect cost and contributions are acceptable as part of the local match **after the Local Health Agency has submitted an acceptable annual indirect cost proposal** to KDHE. Items included in the indirect cost computation cannot be included as direct cost items.

   b. Other Budget Stipulations: Most federal grant awards have a fiscal year from October 1st to September 30th. When planning the program expenditures do not anticipate receiving more than 25% of the grant funding for the period July 1st, through September 30th. The local match amount must be equal to or greater than the minimum required match for the same period. An excess match in the period starting October 1st cannot be carried back to offset an under-match for the period July 1st through September 30th.

5. Complete one **PERSONNEL ALLOCATION BY PROGRAM** (Attachment #10) for **each Local Health Agency.** This information must be in agreement with the detailed budget(s) filed with individual Program Attachment(s).

6. **COUNTY HEALTH DEPARTMENTS ONLY**
A copy of the 2005 Board of County Commission-approved County Health Department budget, including projected revenue and expenditures must be submitted with the grant application packet.

A. STATE FORMULA GRANT

1. PROGRAM PURPOSE

State Formula (General Health) Funds are provided to local health departments to form the base for public health service support. These funds are intended to help insure that "adequate health services are available to all inhabitants of the State of Kansas." There are no specific program requirements at this time for this funding.

2. FUNDING

Funding will be allocated to each local health department based on the formula contained in the Kansas Statutes annotated (K.S.A.) applied to funds appropriated by the 2005 Legislature. A listing is attached that exhibits the amount that will be allocated to each health department based on that appropriation level. If the appropriation varies from that amount, a new allocation listing will be prepared. (See Attachment #5)

The statute authorizing the State Formula Grant, K.S.A. 65-241 et. seq., requires a local maintenance of effort. (See Attachment #6)

Local Health Department administrators should communicate with appropriate county officials to ensure that local maintenance of effort amounts are adequately and correctly certified.

3. SPECIFIC PROGRAM INFORMATION

a. List basic services to be provided with State Formula Funds.
b. List the 2005 Local Tax Revenue Amount on the "Application for Grant" summary page.

4. ADDITIONAL CONSIDERATION

To be eligible to receive Formula Funding, a health department must:

a. Be a county, city-county, or multi-county department of health.
b. During 2005, receive and expend local tax revenue in accordance with attached KDHE maintenance of effort clarification memorandum. (See Attachment #6)
c. Submit an application requesting funding.

5. REPORTING REQUIREMENTS

a. No narrative reports are required.
b. Submit the following information on a quarterly basis: A Certified Affidavit of Expenditures which will require reporting of total local tax and other non-state, non-federal revenue and expenditures.

6. **PROGRAM CONTACT PERSON**

Shirley Orr, Director, Local Health
Office of Local & Rural Health
Curtis State Office Building
1000 SW Jackson, Suite 340
Topeka, KS 66612-1365
phone: (785)296-1200
fax: (785)296-1231
email: sorr@kdhe.state.ks.us

B. COMMUNITY BASED PRIMARY CARE

1. PROGRAM PURPOSE

State General Funds are provided to support primary care projects administered by local units of government or other eligible agencies to make primary and preventive health care services available, accessible, and affordable to medically under served Kansas residents including persons eligible for HealthWave, Medicaid or other medical assistance programs operated by the Department of Social and Rehabilitative Services (SRS).

2. FUNDING

Applicants for primary health care project grants are required to provide local support which meets the local match requirement of one dollar for each one dollar of funding awarded through this program. Existing grantees are encouraged to prepare budgets at the current level.

3. SPECIFIC PROGRAM INFORMATION

The completed application must be assembled in the following order:

a. Face Page: APPLICATION FOR GRANT (Attachment #1)
b. Budget Forms: Community Based Primary Care Program (Attachment #4)
c. Personnel Allocation by Program (Attachment #10). Required for all Local Public Health Departments and for any other agency applying for grants from more than one program.
d. Program Narrative
e. Written Agreements
f. Letters of Support (not required for existing grantee renewal applications)

4. DEFINITIONS/DESCRIPTIONS OF SPECIFIC PROGRAM INFORMATION

a. **Face Page**: Specify the clinical location(s) of your program if different from the address of the applicant Local Health Agency. The form must be signed by the President/Chairman of the Local Health Agency.

b. **Grant Application Budget**: The **budget** is the financial plan required to achieve the overall management of the program. The plan for financing should receive serious consideration so that few changes will occur to budget line items during the administration of the grant.

Total revenue means the collected revenue for existing programs for the last full year or accounting period, or the projected revenue for new programs. Estimate or provide actual figures by payment source. Total revenue is the sum of revenue from all pay sources. Estimates for self-pay/client revenue are determined by calculating the influence of your sliding fee scale and the percent of clients you serve who are expected to pay discounted fees.

- **Non-cash contributions** such as personnel time, space, commodities, or services, must be given a fair market value and documented in the local health agency accounting records. Costs associated with inpatient care are non-allowable.

Expenses: (Budget detail as follows)

- Staff Personnel: Staff Salaries and Benefits

  List personnel according to a category (e.g., health professional/clinical personnel, clerical, administrative). Beneath the category "health professional/clinical personnel" each position should be listed separately by title and percent of full-time equivalency (FTE) employed as a primary care provider. Allocate the salary amounts to be paid from local health agency share and/or State Grant in the appropriate columns. Only regularly assigned personnel who receive salaries or wages should be included in the staff category. Include expenses of payroll taxes and employer-paid benefits.

- Health professional/clinical staff includes physicians, all nursing personnel (RN, LPN, nursing assistants) nurse practitioners, physician assistants, dentists, and optometrists.

- Contract Personnel

  Contract Personnel are health professionals (similar to staff personnel listed above) who provide primary care services by special arrangement or contract. The full time equivalency (FTE) of the contracted person shown in the column marked "% time worked in a program." Dollar amounts from the appropriate revenue source are listed in the appropriate columns.

- Health Services

  This category includes payments made for services only, not personnel. Each contracted service must be listed separately (dental, optometric, laboratory, pharmacy, mental health, x-ray). Cost related to the contracted service may not be more than the fair market value. The local health agency's share may not be more than the actual cost of the service for which the Local Health Agency has contracted. For example, the cost to report for donated (non-cash) laboratory services should be an amount agreed upon as the market value for those services.

- Travel

Include in-state travel to primary care training and continuing education in this category. Do not include salary expense. State grant funds may not be used for out-of-state travel.

- Supplies

  Categorize supplies according to type: Pharmaceuticals (prescription medications purchased by or dispensed from the clinic site) Laboratory Supplies, Other Medical Supplies: (patient education materials, and clinical supplies directly related to patient services, e.g., (drapes, needles), and Office Supplies (clerical, financial, administrative and other operational supplies). Do not include a cost (value) for donated sample medications.

- Capital Equipment

  Capital Equipment is defined as items costing $500 or more and having a useful life greater than one year. Avoid budgeting for capital equipment with state funds without prior authorization from the program manager. If capital items purchased with local health agency funds are to be credited toward the local match, they must be listed separately.

- Other (Including Indirect Cost)

  - Itemize other direct costs.

  - Indirect costs or contributions are acceptable only as part of the local match, but the local health agency must submit an annual indirect cost proposal which meets KDHE requirements. Items included in the indirect cost computation cannot be included as direct cost items. Indirect costs may include rent, utilities, general administration, accounting, etc.

- Budget Summary

  Place the total of all budget categories in the appropriate columns on the summary sheet.

c. **Personnel Allocation by Program** (Attachment #10)

All Local Public Health Departments, or any other Local Health Agency applying for grants from more than one program, must complete the form identifying employees, position titles, salary, and time allocation by program. Instructions are on the back of the form.

d. **Program Narrative**

Each program varies greatly in terms of mission, service area, range of services, client eligibility, and local project goals and objectives. Submit a brief written narrative describing the program, accomplishments or changes in the last grant year, new and ongoing partnerships, program goals and/or projections for the new grant year. The program narrative should not exceed 2 pages.

e. **Written agreements**

Supporting Agencies are the project partners who contribute non-cash donations. The clinic must have a written memorandum of agreement with these other agencies on file with KDHE. If there are new supporting agencies not previously reported, please submit the new written memorandums.

f. **Letters of Support**

Letters of support for the original grant applications are kept on file with KDHE. Additional letters are not required for continuation grants.

5. **ADDITIONAL CONSIDERATION**

Fiscal control and fund accounting procedures must exist to assure the proper disbursement and accounting of grant funds. A separate bookkeeping account should be established and maintained for each grant-supported activity reflecting all receipts, obligations, and revenue, including non-cash contributions and disbursement of grant and local funds. The local health agency is fully responsible for providing workers compensation, unemployment insurance, and social security coverage. The local health agency is also responsible for income tax deductions, and for providing any benefits required by law for those employees who are employed on behalf of the grant program.

6. **REPORTING REQUIREMENTS**

See instructions and forms for the Community Based Primary Care Program contained in the SFY 2006 Grant/Contract Reporting packet.

7. **PROGRAM CONTACT PERSON**:

Barbara Gibson, Director, Primary Care Service

Office of Local & Rural Health
1000 SW Jackson Ave, Suite 340
Topeka, KS 66612-1365
phone: (785) 296-1200
fax: (785) 296-1231
email: bgibson@kdhe.state.ks.us

C. CHILD CARE LICENSING AND REGULATION PROGRAM

1. PROGRAM PURPOSE

The purpose of the Child Care Licensing and Registration Program is to safeguard children from harm in out-of-home child care by:

a. Increasing the state-wide availability of regulated homes and facilities that meet or exceed standards.

b. Reducing predictable health and safety risks to children in child care and foster care.

c. Providing consumer protection for children and families.

d. Increasing public awareness regarding the need for quality child care and foster care.

e. Increasing the timeliness of inspections and enforcement actions.

This includes children who are cared for in 24 hour residential care and in less than 24 hour day care.

2. FUNDING

a. Availability Awards will be based on a formula that includes the population of children under 15 years of age in the county based on 2000 US Census Bureau projections; number of child care cases as of February, 2005; and child care capacity as of February, 2005, surveyor qualifications and multi-county service areas. Payment may be held for failure to meet contract requirements.

b. Maintenance of Effort Requirement The federal child care funds may not supplant local and state public funds expended in the regulatory program. The local funds expended in the child care licensing program can not be used as a local match to meet other federal grant requirements.

c. Priorities Funds will be used to maintain and improve the regulatory program at the local level. Priority should be given to improving current service delivery including timeliness and quality of service delivery. Funds may be used for additional services needed to improve the regulatory program or to improve communication system between state and local units.

3. SPECIFIC PROGRAM INFORMATION

a. Application: Agencies applying for SFY2006 grant funds will follow the application process outlined in the Grant Application Instructions.

b. Services: During SFY2006 some services currently requiring paper format will be performed electronically using e-mail, the updated computer database (CLARIS) and other technologies. Surveyor access to email and internet service is required. All the regulatory field work is to be conducted at the local county level in accordance with the Child Care Facility Policy and Procedure Manual. This includes the following regulatory services:

(1) Pre-application activity: providing an orientation for prospective child care providers at least monthly, more often as needed and upon demand if less than one inquiry per month is received.

(2) Inspection activity: conducting surveys and related tasks involving professional decision-making necessary to determine compliance with statutes and regulations.

(3) Complaint activity: conducting all required activity related to intake and investigation of complaints concerning illegal child care or regulation violations and related tasks involving professional decision-making.

(4) Community outreach activity:

(a) Establish the local health agency as the primary contact for applying for child care, reporting concerns of poor child care practices or violations of regulations, and for reporting illegal child care.

(b) Participate with other agencies and organizations in the coordination of child care services at the local level including the referral of public requests for child care facility availability to Kansas licensed day care resource and referral agencies, and presentations to the public to promote community awareness of the importance of regulation and quality child care.

c. Program Assurances: By applying for funds, contractors agree to meet the following requirements:

(1) Strengthen compliance through the consistent administration of the child care licensing laws and regulations.

(a) Provide regulatory activity in accordance with the Child Care Facility Policy and Procedural Manual.

(b) Participate in child care facility surveyor and grant training provided by KDHE, Child Care Licensing and Registration

Section. Minimum participation is 3 of the 4 Quarterly Regional Meetings **and** 5 clock-hours of KDHE, CCLR Administrator Approved in-service training that is child care and/or regulatory directed and that relates directly to the work of a child care facility surveyor.

(c) Complete the Child Care Facility Surveyor Qualifications for each licensing surveyor or assistant surveyor currently employed by the local program. (Attachment #11) Where qualification requirements for Child Care Facility Surveyor(s) are at or upgraded to the professional level they will be maintained. Where surveyors are qualified at the special technical level, qualification requirements will be maintained or increased. Where Child Care Facility Surveyor duty assignments have been "grandfathered in" below the special technical level, they may be maintained for the incumbent. New surveyors must be qualified at the professional or special technical level.

(d) Participate with KDHE staff in assessing consistency and quality of surveying.

(2) Improve timely and effective service delivery that is customer friendly in the child care regulatory program. Contractors will achieve a 90% or higher timeliness of inspections in SFY 2006. Multi-county contracts are encouraged for counties serving a small number of child care facilities.

(3) Support the development of a high quality child care system through community partnerships.

d. Grant Application Budget. The **budget** is the financial plan required to achieve the overall management of the program. The plan for financing should receive serious consideration so that few changes will occur to budget line items during the administration of the grant.

Expenses: (Budget detail as follows)

- Staff Personnel: Staff Salaries and Benefits

  List personnel according to a category (e.g., a child care facility surveyor, clerical, administrative). Beneath each category, each position should be listed separately by title and percent of full-time equivalency (FTE) employed in the child care licensing and registration program. Allocate the salary amounts to be paid from local health agency share and/or State Grant in the appropriate

columns. Only regularly assigned personnel who receive salaries or wages should be included in the staff category. List expenses of payroll taxes and employer-paid benefits separately.

- Travel

  Include in-state travel necessary to carry out the child care regulatory program. Include Child Care Facility Surveyor training and continuing education travel expenses in this category. Do not include salary expense.

- Supplies

  Categorize supplies according to type: i.e., Office Supplies. Do not include a cost (value) for donated items.

- Capital Equipment

  Capital Equipment is defined as items costing $500 or more and having a useful life greater than one year. Avoid budgeting for capital equipment using Grant Funds. If capital items purchased with **local health agency funds** are to be used toward the local match, each item must be listed separately and a justification for the use of the item must be included. If the item is shared with another program, only the percentage of use for the child care regulatory program is allowable.

- Other (Including Indirect Cost)

  Itemize other direct costs. Indirect costs are acceptable only as part of the local match, but the local health agency must submit an annual indirect cost proposal which meets KDHE requirements. Items included in the indirect cost computation cannot be included as direct cost items. Indirect costs may include rent, utilities, general administration, accounting, etc.

- Budget Total

  Carefully check the mathematics before submitting the budget.

4. **REPORTING REQUIREMENTS**

   a. Quarterly program reports are required to document progress in meeting program objectives, regulatory activity and program improvement, and to provide statistical information.

   b. Quarterly Certified Affidavit of Expenditures is required to document the use

of federal, state and local funds in the child care regulatory program.

5. **STAFF QUALIFICATIONS**

a. In cases where the local agency employs both Child Care Facility Surveyors and Assistant Surveyors, job descriptions and minimum requirements for the positions are to be attached to the application. Child Care Facility Surveyor duties shall include initial licensed day care home surveys, all complaint investigations, all child care center/preschool and 24-hour care survey visits and orientation training. Assistant Surveyor duties include routine re-licensing inspections for day care homes; routine compliance checks; and assisting the Child Care Facility Surveyor in their surveyor duties. Assistant Surveyor duty assignments will require completion of a post high school professional technical education or training program, with course work in a health related field, public health, child development, behavioral sciences, or home economics and related work experience with children and families.

b. The bonus for contractors with a Child Care Facility Surveyor(s) meeting the requirements at the Professional Level will be prorated per percentage FTE. The minimum bonus will be $250 and the maximum will be $1,000.

6. **PROGRAM CONTACT PERSON**

Janet Newton, MS
Administrator, Child Care Unit
Bureau of Child Care and Health Facilities
Curtis State Office Building
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
phone: (785) 296-1270
fax: (785) 296-0803
e-mail: jnewton@kdhe.state.ks.us

D. MATERNAL AND CHILD HEALTH SERVICES

1. PROGRAM PURPOSE

Maternal and Child Health (MCH) programs promote the development of local systems of health care for pregnant women, children ages 0 to 21, and their families. Fundamental to MCH programs are services that are family-centered, community-based, collaborative, comprehensive, flexible, coordinated, culturally competent and developmentally appropriate.

MCH programs shall promote the core public health functions of assessment, policy, development, and assurance.

2. FUNDING

Continuation Grants: Highest priority is to continue funding of local agencies that demonstrate progress toward specific objectives. A second priority will be to provide funding equal to at least 90% of the previous year's award and to allocate the remaining 10% based on performance/need data.

New Grants: Awards for new projects are subject to the availability of funds and community needs assessment.

Match: Local matching funds must be equal to or greater than 40% of the grant funds requested and awarded.

Local MCH Services: Applicants should adhere to a service plan that utilizes 50% of the funds for services to pregnant women and infants and 50% for children and adolescent services. The community needs assessment should identify the priority maternal and child health needs, and the service plan should reflect these priorities.

3. SPECIFIC PROGRAM INFORMATION

a. Application: Follow the KDHE "SFY 2006 Grant Application Guidance" instructions.

b. Services: MCH programs address infrastructure building services, population-based services, enabling services, and access to direct health services. These services are illustrated in the "MCH Pyramid of Core Public Health Services" (reference www.kdhe.state.ks.us/bcyf). The following listing describes the services in priority order:

Infrastructure Building

Infrastructure building services are activities that serve to improve and maintain health status by providing support for the development and maintenance of comprehensive health services systems. These services include community needs and assets assessment, data collection and analysis, program planning, evaluation, policy development, coordination of services, quality assurance, standards development, monitoring, training, and supporting innovative initiatives.

Population-based Services

Population-based services provide preventive interventions and personal health services for the entire community, county, region or state (rather than in one-on-one situations.) These include newborn services; screenings for lead exposure; immunizations; breastfeeding promotion and support; Sudden Infant Death Syndrome (SIDS) awareness; oral health education; injury prevention; child care and school health education; and other health education.

Enabling Services

Enabling services assist families to access services. These include outreach to establish medical and dental homes, accessing appropriate sources of health care coverage, health education, transportation, translation, home visits, oral health education, nutrition education, family support activities, case management, informing, and care coordination.

Care coordination links families to needed medical, dental, and other services and assures timeliness, appropriateness, and completeness of care by:

- Promoting continuity of care among providers and between services;
- Acting as an advocate for the family;
- Providing support and information;
- Consulting with or referring to others within an interagency team;
- Working collaboratively with the client, family member, or other providers to attain goals that are mutually agreed on: and
- Following up to assure that clients received services.

Direct Health Care Services

Direct health care services for MCH clients are to be accessed through agreements established with private providers at the local level. Clinical services provided on-site at MCH centers will be funded only upon identification of need supported by data from a local assessment process. On-site direct health care services are to be provided only in areas where gaps in service provision are clearly identified. Applicants proposing to provide on-site direct health care services must demonstrate that provider availability and other barriers to accessing care exist.

Direct health services may include but are not limited to:

- Routine, ambulatory prenatal medical care; postpartum exams; and family planning services;
- Well-child health services including routine, ambulatory well-child care;
- Dental screening and fluoride varnish application.

State MCH Priorities

The following are the six maternal and child health priorities identified by the State for SFY06 through SFY10.

- Address Behavioral/Mental Health
- Decrease overweight
- Reduce injury and death.
- All women in Kansas receive early and comprehensive health care before, during, and after pregnancy.
- Reduce the percent of preterm births and births with low birth weight.
- Increase incidence and duration of breastfeeding (6 months exclusively).

c. SFY 2006 MCH Objectives: Each county health department grantee is expected to select goals based on the outcome statements below to serve the MCH population of their designated geographic area. Develop at least one objective for the child and adolescent population, and at least one for pregnant women and infants. Any subcontracting for delivery of service to the MCH population is preferred to be completed at the local level. If applicable, utilize the latest data available from the State data system to set objectives for the coming year.

Outcome Statements:

- All children and adolescents in Kansas receive/access appropriate mental health/behavioral health services and/or referrals and follow-up.
- All children and adolescents in Kansas have body-mass indices that are appropriate for their age.
- All children and adolescents in Kansas are safe from unintentional injury and death.
- All women in Kansas receive early and comprehensive health care before, during, and after pregnancy.
- All infants born in Kansas are delivered full-term and have appropriate birth weights.
- All women who are medically capable breastfeed their children exclusively from birth to six months of age or longer.

Child and Adolescent Services. State the number of children and adolescents served by your agency in the past year, and how many children and adolescents will be served in the current year. In your application for SFY06, list the number to be served for each objective separately. Children and adolescents referred for services should be followed-up to ensure that they receive appropriate services. Indicate what number of children and

adolescents you expect to refer, and how many you expect to receive services. Use the following format:

- In SFY05, provided services to **BLANK#** children ages 1-9 and **BLANK#** adolescents ages 10-21. (See year-end report for SFY05.)

- In SFY06, will provide **SPECIFIC SERVICES** to **BLANK#** children ages 1-9 and **BLANK#** adolescents ages 10-21.

- Of all children and adolescents receiving **SPECIFIC SERVICES**, **BLANK#** will be referred to outside agencies, and **BLANK#** will receive services from the referral agencies.

For more information on setting objectives, see Appendix A.

Women and Infant Services. State the number of women and infants served by your agency in the past year, and how many women and infants will be served in the current year. In your application for SFY06, list the number to be served for each objective separately. Women and infants referred for services should be followed-up to ensure that they receive services. Indicate what number of women and infants you expect to refer, and how many you expect to receive services. Use the following format:

- In SFY05, provided services to **BLANK#** pregnant women and **BLANK#** infants. (See year-end report for SFY05.)

- In SFY06, will provide **SPECIFIC SERVICES** to **BLANK#** pregnant women and **BLANK#** infants.

- Of all pregnant women and infants receiving **SPECIFIC SERVICES**, **BLANK#** will be referred, and **BLANK#** will receive services from the referral agencies or internal programs.

For more information on setting objectives, see Appendix A.

d. Program Protocols The Local Health Agency will develop and have on file, written local program policies and procedures that are based on program standards and guidelines contained in the manuals as in 3.b. above.

e. Provide evidence of a formal process for billing and actual revenue received to demonstrate capacity and commitment to sustain a center on an ongoing basis.

f. A medical home must be established for all clients served through the program.

4. Appendix A: Setting Objectives and Outcome Statements

NOTE: The data cited in these examples are fictitious.

Example 1: Children and Adolescents

Outcome:

- All children and adolescents in Kansas have body-mass indices that are appropriate for their age.

Objective:

- At least 50% of children and adolescents receiving MCH services through our agency will have BMIs plotted and recorded.

Steps to formulating objective:

- Identify areas of greatest need within your community.
  - Locate data sources that will allow you to establish a baseline and measure your progress
    - There is no measure indicating the BMI for the school-aged population in the county.
  - Consider multiple sources of information, including local, state, and national sources and both numerical and testimonial data.
    - Nationally, 30% of all school-aged children are overweight.
    - School nurses in our area say they've seen an increased number of children with weight-related health problems in the past few years.
    - K-CHAMP data indicates obesity in KS is increasing.
- Identify assets in your community that can assist in meeting the objectives
  - All MCH staff knowledgeable in the calculation of BMI.
  - Local pediatricians and family practitioners supportive of the initiative and willing to accept referrals for overweight children.
- Identify challenges you anticipate in meeting your objectives.
  - Lack of staff time.
  - Lack of parental understanding of the importance of BMI measurement and the need for early intervention for overweight children.

- Select objectives that are realistically obtainable within the contract period.

Outcome Statements

- In SFY05, provided services to 700 children ages 1-9 and 400 adolescents ages 10-21. (See year-end report for SFY05.)

- In SFY06, will provide BMI calculation to 350 children ages 1-9 and 200 adolescents ages 10-21.

- Of all children and adolescents receiving BMI calculation, 100 will be referred to outside agencies, and 50 will receive services from the referral agencies.

Example 2: Pregnant Women and Infants

Outcome:

- All women who are medically capable breastfeed their children exclusively from birth to six months of age or longer.

Objective:

- At least 50% of women receiving MCH services who begin breastfeeding continue to breastfeed at least until the child is six months old.

Steps to formulating objective:

- Identify areas of greatest need within your community.
  - Locate data sources that will allow you to establish a baseline and measure your progress.
    - Currently, hospitals in the county estimate that only 10% of women are breastfeeding at least until their children are six months old.

  - Consider multiple sources of information, including local, state, and national sources and both numerical and testimonial data.
    - KS birth certificates for the county indicate breastfeeding initiation at birth for 65% of newborns. This is lower than the statewide percentage of 75%.
    - WIC data for the county indicates breastfeeding duration rates are declining for their population.

        - Healthy Start Home Visitors say that an increased number of moms quit breastfeeding when they return to work around six weeks.
    - Identify assets in your community that can assist in meeting the objectives
        - Two Certified Breastfeeding Educators have been identified in the county.
        - County hospital is actively seeking baby-friendly status.
    - Identify challenges you anticipate in meeting your objectives.
        - Lack of breastfeeding-friendly employers in the county.
        - Lack of local physician support for breastfeeding.
        - Free formula readily available.
    - Select objectives that are realistically obtainable within the contract period.

Outcome Statements

- In SFY05, provided services to 150 pregnant women and 145 infants. (See year-end report for SFY05.)

- In SFY06, will provide breastfeeding support services to 95 postpartum women with infants.

- Of all postpartum women with infants receiving breastfeeding support services, 15 will be referred and 15 will receive services from the referral agencies or internal programs.

5. **REPORTING REQUIREMENTS**
Refer to the KDHE "SFY 2006 Grant/Contract Reporting Instructions."

6. **PROGRAM CONTACT PERSONS**
Primary Contact:

Chris Tuck, Child Health	(785) 296-7433
Jane Stueve, Adolescent Health	(785) 296-1308
Joe Kotsch, Maternal Health	(785) 296-1306
Jamie Klenklen, Administrative Consultant	(785) 296-1234

E. FAMILY PLANNING

1. PROGRAM PURPOSE

The goal of Family Planning is to provide individuals the information and means to exercise personal choice in determining the number and spacing of their children, prioritizing services to low-income and high risk individuals.

2. FUNDING

Continuation Grants Highest priority is to continue funding of local agencies that consistently meet contract objectives and requirements, and participate in education updates. A second priority is to provide funding equal to at least 90% of the previous year's base award and to allocate the remaining 10% based on performance/need data. In the event additional funds are received at the state level, they will be distributed to local agencies based on performance/need data. The amount of funding the local agency requests in the grant application should be based on cost to provide services, not the amount received in the previous year.

New Grants At this time, funding is expected to be available to support only those projects currently in existence.

Match Local matching funds must be equal to or greater than 40% of grant funds awarded. Program revenues may be utilized to meet the match requirement.

Program Revenue Local agencies must establish a schedule of fees for services and supplies based on guidelines contained in the Manual (see 3.b. below). Funds generated from any of these will be used to support the maintenance/expansion of family planning services. These funds will be carried forward from year to year. The grant application budget for family planning must reflect the total program budget including federal funds, projected fee collections, Title XIX, and third party reimbursements plus any unexpended revenue carryover (prior grantees only) from the previous year's budget.

3. SPECIFIC PROGRAM INFORMATION

a. Application Follow the KDHE "SFY 2006 Grant Application Guidance" instructions. The application budget must include expenses for staff to attend education updates.

b. Services See "Program Guidelines for Project Grants for Family Planning Services," DHHS and also the KDHE Children, Youth, and Families Health Services Manual, Vol. IV, Family Planning/Women's Health.

(1) Each project must assure that skilled personnel, equipment and medical back-up services are available to provide the required services.

(2) Each project will have an advisory committee to review and approve family planning informational and educational materials, and provide

guidance in the development, implementation and evaluation of the project.

(3) Each project must provide for community education programs, based on an assessment of community needs, which contain both implementation and evaluation components.

c SFY 2006 Objectives: In setting your objectives for SFY 2006, please review the latest data available from the state data system. The applicant must set objectives in each of the following areas:

1. Provide family planning services to #___ users.

2. Increase the number of high-risk (age 19 & under) users receiving services #___.

3. Increase the number of low-income (below 150% poverty) users receiving services #___.

4. Remain in compliance with clinical indicators on semi-annual reporting forms.

d. Program Protocols: The Local Health Agency will develop and have on file, written local program policies and procedures for services to be provided based on program standards and guidelines contained in the Manual in 3.b. above. As appropriate, Local Health Agency will have on file current ARNP protocols as required by the Kansas State Board of Nursing.

e. Other: The Local Health Agency will provide for orientation and training of new staff. Staff will participate in the annual DSI training needs assessment and the annual KDHE update.

4. **REPORTING REQUIREMENTS**

Refer to the KDHE "SFY 2006 Grant/Contract Reporting Instructions."

5. **PROGRAM CONTACT PERSONS**

Janis Bird, Family Planning Administrative Consultant (785) 296-1205
jbird@kdhe.state.ks.us
Ruth Werner, Family Planning Director (785) 296-1304
rwerner@kdhe.state.ks.us

F. TEENAGE PREGNANCY REDUCTION (previously known as Adolescent Health-Teen Pregnancy Reduction)

1. PROGRAM PURPOSE

The goal of Teenage Pregnancy Reduction is to reduce teen pregnancy rates in counties with high rates through broad-based, community-wide educational programs (K.S.A. 65-1,158). Though the teen pregnancy rates continue to decline for Kansas, the disparities among ethnic and racial groups (particularly Hispanic and Black youth), are increasing. Services must address the needs of these disparate populations.

2. FUNDING

Continuation Grants: Highest priority is to continue funding of local agencies that demonstrate progress toward specific objectives. A second priority is to provide funding equal to at least 90% of the previous year's award and to allocate the remaining 10% based on performance/need data.

New Grants: At this time, funding is expected to be available to support only those projects currently in existence.

Match: Local matching funds must be equal to or greater than 30% of grant funds awarded.

3. SPECIFIC PROGRAM INFORMATION

a. Application: Follow the KDHE "SFY 2006 Grant Application Guidance" instructions.

b. Services: Refer to Improving the Health of Adolescents & Young Adults: A Guide for States and Communities (CDC, 2004) and to the KDHE Children, Youth and Families Health Services Manual, Vol. V, Teen Pregnancy.

c. SFY 2006 Objectives: The applicant must set objectives in each of the following areas:

Provide educational services to #_____ pre-teens (ages 10-12), # teens (ages 13-17), and to #_____ families who are parenting teens and/or pre-teens.

Of the pre-teens (ages 10-12) and the teens (ages 13-17) receiving educational services, _____% will come from disparate populations.

Provide educational sessions to #_____ community groups.

___% of pre-teens who complete the educational sessions will show a ___% increase in both knowledge about sexual education and positive attitudes at the time of post-test.

___% of pre-teens and teens that complete an educational session will indicate ___% or better satisfaction on the user satisfaction surveys.

___% of parents who complete the educational session will indicate ___% or better satisfaction on the user satisfaction surveys.

d. Program Protocols: Refer to 3.b. above and the technical assistance packet provided by KDHE.

e. Culturally Competent: The applicant must be culturally competent and can provide culturally competent services. In cases where its clients are limited English Proficient (LEP), the applicant must address LEP needs, e.g., identify non-English speaking clients, and establish program requirement to meet LEP interpreter needs.

f. Evaluation: Program evaluation shall be conducted on a state level by KDHE. Evaluation process which will involve a review of process measures (number served) and attitudes/facilitating behavior data (youth and adult surveys or youth focus groups).

g. Other: Incorporate the following into the application, budget, and program plans. The project will:

(1) Demonstrate local support of school board, parents, physicians, other health care providers, and other community agencies.

(2) Develop an active advisory council that includes adolescents with regular meetings documented.

(3) Provide services during and outside school hours including during summer months.

4. **REPORTING REQUIREMENTS**

Refer to the KDHE "SFY 2006 Grant/Contract Reporting Instructions."

5. **PROGRAM CONTACT PERSON**

Jane Stueve, Adolescent Health Consultant (785) 296-1308
jstueve@kdhe.state.ks.us

G. COMPREHENSIVE SCHOOL HEALTH CENTERS

1. PROGRAM PURPOSE

The goals of Comprehensive School Health Centers are to promote optimum health status of Kansas adolescents and to reduce the incidence of morbidity and mortality associated with high risk behaviors.

2. FUNDING

Competitive Applications Local Agencies or school districts may submit an application for this funding. The deadline for submission is March 12. Guidance materials and technical assistance for completing the application are available from the State Agency. Please phone (785) 296- 1308.

Match Local matching funds must be equal to or greater than 30% of grant funds awarded. Program revenues may be utilized to meet the match requirement.

3. SPECIFIC PROGRAM INFORMATION

a. Application Follow the KDHE "SFY 2006 Grant Application Guidance" instructions.

b. Services Health and psycho-social services are provided in or near the school site. These include immunizations, health assessments, mental health services, educational referrals, and diagnosis and treatment of minor illnesses. Refer to Improving the Health of Adolescents & Young Adults: A Guide for States and Communities (CDC, 2004), School Nursing and Integrated Child Health Services: A Planning and Resource Guide (KDHE), and Bright Futures Guidelines for Infants, Children and Adolescents or www.brightfutures.org.

State MCH Priorities

The following are the three maternal and child health priorities related to the school-age population identified by the State for SFY06 through SFY10.

- Address Behavioral/Mental Health
- Decrease overweight
- Reduce injury and death.

c. SFY 2006 MCH Objectives: Each Comprehensive School Health Center grantee is expected to select goals based on the outcome statements below to serve the MCH population of their designated geographic area. Develop at least one objective for the child and adolescent population. If applicable, utilize the latest data available from the State data system to set objectives for the coming year.

Outcome Statements:

- All children and adolescents in Kansas receive/access appropriate mental health/behavioral health services and/or referrals and follow-up.
- All children and adolescents in Kansas have body-mass indices that are appropriate for their age.
- All children and adolescents in Kansas are safe from unintentional injury and death.

Child and Adolescent Services: State the number of children and adolescents served by your agency in the past year, and how many children and adolescents will be served in the current year. In your application for SFY06, list the number to be served for each objective separately. Children and adolescents referred for services should be followed-up to ensure that they receive appropriate services. Indicate what number of children and adolescents you expect to refer, and how many you expect to receive services. Use the following format:

- In SFY05, provided services to **BLANK#** children ages 1-9 and **BLANK#** adolescents ages 10-21. (See year-end report for SFY05.)

- In SFY06, will provide **SPECIFIC SERVICES** to **BLANK#** children ages 1-9 and **BLANK#** adolescents ages 10-21.

- Of all children and adolescents receiving **SPECIFIC SERVICES**, **BLANK#** will be referred to outside agencies, and **BLANK#** will receive services from the referral agencies.

For more information on setting objectives, see Appendix ?
Provide documented follow-up on 100% of adolescents referred for services outside the project. Also provide documentation of collaboration with the school nurses in the schools served.

d. Program Protocols Refer to 3.b. above. Also, refer to American Academy of Pediatrics guidelines on health supervision.

e. Other Incorporate the following into the application, budget, and program plans. The project will:

(1) Demonstrate local support from school board, parents, physicians, other health care providers and community agencies.

(2) Maintain an ongoing advisory council to include parent membership, student membership, school faculty and staff representation, school health staff and community health providers with quarterly, documented meetings.

(3) Demonstrate the capacity to provide health promotion/prevention services, early identification of health problems and direct primary care services in partnership with the primary care provider (PCP), as part of the effort to integrate a medical home for all students.

(4) Collaborate with existing local area health providers and local area resource services to assure service continuation and to assure that access to follow-up services are available during the summer months.

(5) Demonstrate commitment through a program plan to maintain on-site clinic hours of at least 35 hours per week including during and after school day for a school year and provide plan for care coverage to address the summer months.

(6) Assess school and community satisfaction with the project through user satisfaction surveys for parents, school faculty, staff, and primary care providers. At least 20% of students using clinic services should be surveyed.

(7) Conduct internal analysis and provide summary of project data and report impact on affected population annually.

(8) Delineate process of communicating all care/health education to PCP.

(9) A medical home must be established for all students served through the program.

(10) Provide evidence of a formal process for billing and actual revenue received to demonstrate capacity and commitment to sustain a center on an ongoing basis.

4. **REPORTING REQUIREMENTS**

Refer to the KDHE "SFY 2006 Grant/Contract Reporting Instructions."

5. **PROGRAM CONTACT PERSON**

Jane Stueve, Adolescent Health Consultant (785) 296- 1308
jstueve@kdhe.state.ks.us

H. TEEN PREGNANCY CASE MANAGEMENT

1. PROGRAM PURPOSE

The goals of Teen Pregnancy Case Management are to reduce long-term welfare dependency by teen parents, and the negative economic, health, educational, vocational and social consequences for adolescent mothers under age 21 enrolled in the Medicaid program who are pregnant or have had no more than two deliveries. Though the teen pregnancy rates continue to decline for Kansas, the disparities among ethnic and racial groups (particularly Hispanic and Black youth), are increasing. Services must address the needs of these disparate populations.

2. FUNDING

Continuation Grants: Highest priority is to continue funding of local agencies that demonstrate progress toward specific objectives. A second priority is to provide funding equal to at least 90% of the previous year's award and to allocate the remaining 10% based on performance/need data.

New Grants: At this time, funding is expected to be available to support only those projects currently in existence.

Match: Local matching funds must be equal to or greater than 30% of grant funds awarded.

3. SPECIFIC PROGRAM INFORMATION

a. Application: Follow the KDHE "SFY 2006 Grant Application Guidance" instructions.

b. Services: Refer to Children, Youth and Families Health Services Manual, Vol. V, Teen Pregnancy (KDHE) and Improving the Health of Adolescents & Young Adults: A Guide for States and Communities (CDC, 2004) for service standards and guidelines.

c. SFY 2006 Objectives - Required: The applicant must set objectives as follows:

- In SFY05, provided case management services to **BLANK#** adolescents ages 10-21. (See year-end report for SFY05.)
- In SFY06, will provide case management services to **BLANK#** adolescents ages 10-21. Of these, **BLANK#** will be new clients.
- Of all adolescents receiving case management services, **BLANK#** will be referred to outside agencies (medical, educational, or vocational), and **BLANK#** will receive services from the referral agencies.

- ___% of clients will delay the birth of their second child until after completion of their basic education or vocational goals.

d. SFY 2006 Objectives - Selected: The applicant must choose two objectives from the following (with approval from KDHE):

- ___% of pregnant clients participating in the program will receive adequate prenatal care.
- ___% of clients who maintain program participants will complete child health programs by age two.
- ___% of clients who complete parenting classes will score ___% or more on their post-test.
- ___% of clients who complete Surviving Skills for Youth classes will have a knowledge gain of ___% or more on their post-test.
- ___% of clients will be enrolled in a basic education program as indicated by school verification within six months after their enrollment in case management.
- All clients and their children will participate in well child (preventive) child health programs.
- All clients will have demonstrated adequate parenting capacity at exit from the program.

e. Program Protocols: Refer to the manual in 3.b. above.

f. Culturally Competent The applicant must be culturally competent and can provide culturally competent services. In cases where its clients are limited English proficient (LEP), the applicant must address LEP needs, e.g., identify non-English speaking clients, and establish program requirements to meet LEP interpreter needs.

g. Evaluation Program evaluation shall be conducted on a state level by KDHE. Evaluation process which will involve a review of process measures (number served and percent achieving personal goals).

h. Other When preparing the application, budget, and program plans, use the following. The project will:

(1) Demonstrate collaboration with key agencies serving adolescent mothers and their children.

(2) Document barriers and gaps in community resources for adolescent mothers and their children.

(3) Involve fathers of small children in the program.

(4) Establish a medical home for all students served through the program.

4. **REPORTING REQUIREMENTS**
Refer to the KDHE "SFY 2006 Grant/Contract Reporting Instructions."

5. **PROGRAM CONTACT PERSON**
Jane Stueve, Adolescent Health Consultant (785) 296-1308
jstueve@kdhe.state.ks.us

I. TEEN PREGNANCY PREVENTION--PEER EDUCATION (previously known as TEEN PREGNANCY PREVENTION - Phase II)

1. PROGRAM PURPOSE

The goals of Teen Pregnancy Prevention--Peer Education is: (1) to reduce community teen pregnancy rates; and (2) to increase knowledge among youth and adults in the community about the negative health, educational, vocational, social and economic consequences of teen pregnancy on teens and their children. Though the teen pregnancy rates continue to decline for Kansas, the disparities among ethnic and racial groups (particularly Hispanic and Black youth), are increasing. Services must address the needs of these disparate populations.

2. FUNDING

Continuation Grants: Highest priority is to continue funding of local agencies that demonstrate progress toward specific objectives. A second priority is to provide funding equal to at least 90% of the previous year's award and to allocate the remaining 10% based on performance/need data.

New Grants: At this time, funding is expected to be available to support only those projects currently in existence.

Match: Local matching funds must be equal to or greater than 30% of grant funds awarded.

3. SPECIFIC PROGRAM INFORMATION

a. Application: Follow the KDHE "SFY 2006 Grant Application Guidance" instructions.

b. Services: Refer to Improving the Health of Adolescents & Young Adults: A Guide for States and Communities (CDC, 2004) and to the KDHE Children, Youth and Families Health Services Manual, Vol. V, Teen Pregnancy.

c. SFY 2006 Objectives: The applicant must set objectives in each of the following areas:

Provide educational services to #_____ pre-teens (ages 10-12), # teens (ages 13-17), and to #_____ families who are parenting teens and/or pre-teens.

Of the pre-teens (ages 10-12) and the teens (ages 13-17) receiving educational services, _____% will come from disparate populations.

Provide educational sessions to #_____ community groups.

___% of pre-teens who complete the educational sessions will show a ___% increase in both knowledge about sexual education and positive

attitudes at the time of post-test.

___% of pre-teens and teens that complete an educational session will indicate ___% or better satisfaction on the user satisfaction surveys. ___% of parents who complete the educational session will indicate ___% or better satisfaction on the user satisfaction surveys.

d. Program Protocols: Refer to 3.b. above and the technical assistance packet provided by KDHE.

e. Culturally Competent: The applicant must be culturally competent and can provide culturally competent services. In cases where its clients are limited English Proficient (LEP), the applicant must address LEP needs, e.g., identify non-English speaking clients, and establish program requirement to meet LEP interpreter needs.

f. Evaluation: Program evaluation shall be conducted on a state level by KDHE. Evaluation process which will involve a review of process measures (number served) and attitudes/facilitating behavior data (youth and adult surveys or youth focus groups).

g. Other: Incorporate the following into the application, budget, and program plans. The project will:

(1) Demonstrate local support of school board, parents, physicians, other health care providers, and other community agencies.

(2) Develop an active advisory council that includes adolescents with regular meetings documented.

(3) Provide services during and outside school hours including during summer months.

4. **REPORTING REQUIREMENTS**
Refer to the KDHE "SFY 2006 Grant/Contract Reporting Instructions."

5. **PROGRAM CONTACT PERSON**
Jane Stueve, Teen Pregnancy Prevention Consultant (785) 296-1308
jstueve@kdhe.state.ks.us

J. HIV/AIDS

1. PROGRAM PURPOSE

a. Purpose of the Grant Program

The HIV/STD Section of the Kansas Department of Health and Environment (KDHE), Bureau of Epidemiology & Disease Prevention receives funding from the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA) and from the State of Kansas to conduct HIV/AIDS activities. Some of the funds are earmarked for the grant program in order to provide services through local health departments and community-based organizations. These services include HIV/AIDS Health Education and Risk Reduction; HIV Prevention Counseling and Testing; HIV Prevention Enhanced Counseling and Testing; STD/AIDS Disease Intervention/Prevention Services; and HIV/AIDS Case Management.

Grantees are to write objectives designed to meet the needs of the program under which they receive funds. Quarterly activity reports as well as quarterly fiscal reports are required under each contract. In addition, any web-based electronic reporting is expected to be up to date and ongoing through the reporting periods. Activity reports are to be sent to the appropriate manager in the AIDS section or through electronic reporting systems as established for each attachment. Fiscal reports (Certified Affidavit of Expenditures) are submitted to KDHE, Internal Management/Accounting Services, ATTN. Kevin Shaughnessy.

b. Background

Programs offered by the HIV/STD Section are designed to provide primary prevention services for those persons who are at highest risk for HIV infection, including partners of positives, men who have sex with men, injection drug users; and the sex/needle sharing partners of these individuals. They are also designed to serve those who are already infected by providing care services and prevention case management, as well as primary prevention for sex/needle sharing partners of HIV-infected individuals.

2. FUNDING

a. Availability

Applications for funding to support HIV/AIDS contracts should be submitted for continuation of current contracts only. In the current cycle, ALL contracts will be continuation and the process indicated in this document will apply. Federal and state funding is expected to remain at present levels.

HE/RR grantees are required to submit for approval prior to the start of the grant period a month-by-month work plan outlining activities designed to achieve grant objectives. Ryan White Title II/Prevention Case Management grantees are required to submit a Prevention Case Management (PCM) work plan outlining activities to engage eligible clients, demographics of target population to be served, and delivery of PCM services by qualified staff. Ryan White Title II/PCM grantees will be required to use their PCM work plan to develop an appropriate intervention plan for PCM services. Work plans are dynamic and can change per guidance based upon federal and KDHE guidance. All grantees are required to submit a budget for approval prior to the start of the grant period and during the grant period for proposed changes.

b. Match Requirement

At this time, a match is not required for grants with the HIV/STD Section. The HIV/STD Section reserves the right to require grantees to provide a match. A resource inventory of other funding sources is required of all community-based organizations receiving competitive funding in association with Health Education and Risk Reduction as well as Ryan White Title II funding. A request for this will come under a separate cover letter from the HIV/STD Section.

3. **SPECIFIC PROGRAM INFORMATION**

The scope and focus of grants awarded under the auspices of the HIV/STD Section are determined by mandates of HIV/STD Section funding sources as well as by decisions that are made at KDHE in conjunction with community planning processes. Each program varies greatly in terms of the service area, project goals and objectives, and evaluation. Some contracts are required to be competitive on a multi-year cycle. Details of each grant are sent to applicants at the time of application.

4. **REPORTING REQUIREMENTS**

Fiscal reports (Certified Affidavit of Expenditures) are submitted to KDHE, Internal Management/Accounting Services (ATTN. Kevin Shaughnessy).

a. HE/RR contractors must continue to submit quarterly HIV /HE/RR reports and stay up to date with the web-based system. All interactions will be with designated HIV prevention consultant/contracts managers in accordance with program policies and procedures. Reports must include a description of activities conducted under each objective of the contract with pertinent required measurable outcome data.

HE/RR #36 contractors must also submit:

Grants Manager's Quarterly Expenditure Report
Line Item Adjusted Budget Summary (if applicable)
Director's Progress Report (Narrative)

b. Counseling and testing sites (CTS) are required quarterly to complete web based reporting. Web-based reporting requirements shall be kept up to date during quarterly reporting periods. CTS are required to submit a completed CDC Case Report for each client who tests HIV-positive through their sites. Enhanced CTS are required to refer positives for blood or OraSure testing to confirm HIV positive results.

c. Contractors for all other HIV/AIDS activities must submit quarterly summaries of client activity and stay up to date with any required web-based reporting activities. These programs include the following: STD/AIDS Control Disease Intervention/Prevention Services; and Ryan White Title II/PCM. Quarterly summaries for Ryan White Title II Case Management will include reporting of Prevention Case Management services delivered to eligible clients according to KDHE and CDC PCM Guidance.

d. All contractors must submit Quarterly Certified Affidavits of Expenditures.

5. **PROGRAM CONTACT PERSON**

Allen Mayer
HIV/STD Section Director
Bureau of Epidemiology & Disease Prevention
(785) 296-6174

K. IMMUNIZATION ACTION PLAN (IAP)

1. PROGRAM PURPOSE

The purpose of the Immunization Program is to reduce the incidence of vaccine preventable diseases by increasing the number of people receiving age-appropriate immunizations.

a. Healthy People 2010 Objectives include:

Increase age appropriate immunization coverage rates for children to 90%.

Increase the proportion of children under 6 years of age who participate in fully operational population-based immunization registries to 95%.

b. Background

Since 1993, IAP funds have been awarded to every Local Health Department and some community agencies. Since 1999, State Aid to Local funding has supported IAP activities.

IAP is a Federal and State funded supplemental immunization program that supports the assurance of immunization services within each of the 105 counties through provider education and VFC provider recruitment activities, service delivery to the underserved population, public education, and assessment of immunization coverage.

In order to qualify for federal funding through the Centers for Medicare and Medicaid Services (CMS) for immunization registry development, a 50% match with state funding must be identified. Activities funded through the IAP Aid to Local program that result in electronic documentation of immunization activity for integration with the Kansas Immunization Registry will help demonstrate state support of registry activity.

c. Purpose of the Grant Program

The purpose of this Grant Program is to increase immunization rates and improve documentation of immunization services.

2. FUNDING

a. Availability

Grant awards will be distributed on SFY 2006 Aid to Local Appropriations. Applications for funding will be accepted from all Local Health Departments and other agencies that have received IAP funds since 1993.

Awards will be population-based with available funding from the State General Fund ($350,000) and the federal Centers for Disease Control and Prevention Immunization Grant ($160,000).

b. At this time, a match is not required for IAP grants.

c. Funds may not be used to supplant or replace existing agency funding sources.

3. SPECIFIC PROGRAM INFORMATION

a. Application

Follow the KDHE "SFY 2006 Grant Application Guidance," and complete the Program Request (Attachment #2) and Detailed Budget (Attachment #3) forms.

b. SFY 2006 Objectives

The application must, at minimum, set one of the following objectives, *with strategies to accomplish the objective*:

Attain 90% coverage of DTP4, OPV3, MMR1, Hib3, and HBV3 for all 2 year olds within the county.

Electronically document immunizations for 95% of children 0-6 years of age receiving LHD services.

c. Priorities

Applications demonstrating activities to electronically document immunizations for purposes of eventual import into the Kansas Immunization Registry will be given priority consideration.

Applications demonstrating activities to promote immunizations in the medical home will be given priority consideration.

Counties with lower immunization rates as measured by the Immunization Retrospective Study will be given priority for funding consideration for activities targeted to raise immunization rates by both public and private providers.

4. REPORTING REQUIREMENTS

Quarterly, submit Certified Affidavit of Expenditures.
Biannually, submit a progress report of grant activities.

5. PROGRAM CONTACT PERSON

Sue Bowden, Director
Immunization Program
Bureau of Epidemiology and Disease Prevention
(785) 296-0687

L. CHRONIC DISEASE RISK REDUCTION (CDRR) AND/OR ENHANCEMENT GRANT PROGRAM

1. PROGRAM GOAL

The goal of this health promotion program is to support population-based strategies to increase positive change for improving the health of the community and prevent premature deaths from heart disease, diabetes, cancers and other chronic diseases. **Risk factors to be addressed are tobacco use, physical inactivity, and eating behaviors**, which are implicated as a cause of more than 65% of deaths in Kansas.

2. ELIGIBILITY

Applicants must be a county health department or its designee. If a designee of the county health department is the applicant, a Memorandum of Understanding between the health department and the designated applying agency must accompany the submitted application.

3. PROGRAM REQUIREMENTS

A. All Enhancement and CDRR applicants must:

1. Include a plan to strengthen community partnerships/coalitions with the purpose of initiating strategies that will impact the health of the community.
2. Incorporate the reduction of risk factors among disparate populations into each goal, whenever appropriate. Applicants should refer to:

CDC=s Best Practices (available at www.cdc.gov/tobacco/bestprac.htm) and
The Guide to Community Preventive Services: (available at
www.cdc.gov/tobacco/comguide.htm)

B . All Enhancement and CDRR applicants agree:

1. To have at least one staff/coalition member attend a minimum of three approved workshops (at least 2 of these workshops must be tobacco prevention). A list of approved workshops will be available from Outreach Coordinators.
2. To arrange all media strategies with state program staff to ensure coordination of statewide campaign.
3. To have coalitions meet quarterly at a minimum (notify Outreach Coordinator of meeting in advance by fax or e-mail) and submit meeting agendas and minutes with reports.

Enhancements Applicants

All Enhancement level applications must include one SMART policy objective focusing either on clean indoor air or youth access as well as a SMART objective to promote the Kansas Tobacco Quitline (see Appendix A). Enhancement applications may include a goal and SMART objective addressing physical inactivity and/or nutrition (See Appendix B).

All Enhancement level applications must include a plan to provide assistance to complete a county-wide Youth Tobacco Survey during the 2005-06 school year. A letter of commitment

from the local school district(s) should be submitted with the application and will be required prior to receiving an award.

All Enhancement level applicants should include a draft of a comprehensive tobacco prevention and control plan for their community (new applicants may include a plan to address this). All enhancement level applicants should include a plan to host a community sharing session to highlight current group efforts and accomplishments.

CDRR Applicants

All CDRR level applications must include a SMART objective to promote the Kansas Tobacco Quitline (See Appendix A). CDRR grant applicants must also include at least one goal and SMART objective addressing physical inactivity and/or nutrition if applicable (See Appendix B).

4. APPLICATION CONTENT

A. Action Plan: Outline a strategic action plan detailing methods of building strong community partnerships to mobilize around chronic disease.

Strategic action plans should include:

- Visionary goals: All goals will have both annual and long term objectives, specific activities, and time frames for completion.
- SMART objectives: Submit at least one SMART (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, **T**imebound) objective for each goal. Measurable objectives (SMART) and responsibilities of partnerships should be outlined in the action plan.
- Clear strategies, activities and expected outcomes: Submit at least two appropriate strategies for each SMART objective (see list of possible strategies in appendix A).

B. Coalition List: A list of youth and adult coalition members, including name, agency, address, phone number, and e-mail (new applicants only).

C. Existing Policies: Include a description and/or copy of all tobacco-related ordinances/polices for the county. (i.e.: worksite policies, a copy of the school, county building or city policies, etc). If applicant has submitted these policies in the past, please include new policies only.

D. Budget: Budget and justification that reflects all activities of the plan, including staff and travel.

E. Sustainability Plan: Apart from reapplying for this grant, please address how you plan to sustain this program in your community (please refer to examples listed at www.kdhe.state.ks.us/tobacco).

F. Forms: The following forms must be submitted.

- Cover Sheet - (attachment #7)
- Community Vision - (attachment #9 pg. 1)
- Budget - (attachment #3)
- Budget Justification
- Action Plans - (attachment #8)
- Coalition Member List
- Signatures of Support - (attachment #9 pg. 2)
- Memorandum of Understanding from County Health Department, if applicable
- Letter of commitment from School District, if applicable

5. FUNDING AVAILABILITY

Funds are available to support community based health promotion programs to reduce tobacco use, promote healthy eating behaviors and/or promote physical activity.

Award amounts are based upon the scope of the project, availability of funding and competitive review of applications. It is anticipated that due to limited resources not all applicants will be funded.

Because of limited funding availability, applicants are encouraged to request funds for staff and infrastructure for the community to accomplish the strategies as proposed. The required staff time may be provided as a match contribution, supported by grant funds, or a combination of the two. Applicants are encouraged to integrate activities from the three health promotion areas to better utilize funds.

Grant Type	**Health Issues Addressed**	**Local Match Required**	**FTE Minimum**
CDRR (<$10,000) Single Applicant	• Tobacco Use Prevention & Control (required) **AND** • Physical Inactivity **AND/OR** • Promote Healthy Eating Behaviors	25%	.25 FTE
Enhancement (>$15,000) Single Applicant	• Tobacco Use Prevention & Control (required) **AND/OR** • Physical Inactivity (optional) • Promote Healthy Eating Behaviors (optional)	25%	.5 FTE

6. USE OF FUNDS

Funds may be used for salary, travel, registration fees, supplies, advertising (requires prior approval from KDHE staff to ensure statewide coordination), consultation, facility rental, equipment rental, speakers, educational materials, and other reasonable costs associated with the program's activities.
Funds **MAY NOT** be used to replace existing agency funding sources, provide inpatient services, purchase capital equipment, or purchase food.

Travel funds should be budgeted for the program coordinator and/or coalition members to attend a minimum of three, one day approved training sessions during the year of the project. (Estimate mileage, $30 registration fees, lodging and meals).

Multi County (Collaborative) Applications

Only counties that have previously participated in a multi county grant will be accepted as a multi county grant/collaborative application at this time. Counties are encouraged to collaborate with other counties, but each one should have their own dedicated staff to build and sustain a successful coalition.

7. REPORTING REQUIREMENTS

The following reports will be required by recipients of either CDRR or Enhancement grants semi-annually. Complete the provided "Reporting Form and Affidavit of Expenditure" (See Reporting Guidelines Booklet) for:

- The period of July 1, through December 31, 2005 and submit no later than January 15, 2006.
- The period of January 1, through June 30, 2006 and submit no later than July 15, 2006.
- Send one copy of the Reporting Form and Affidavit of Expenditure to your Outreach Coordinator (See Tobacco Use Prevention Program District Map).

Send one copy of the Reporting Form, the original Affidavit of Expenditures and one copy of the Affidavit of Expenditures to:

Kevin Shaughnessy
Kansas Department of Health and Environment
Purchasing and Grants Management Office
1000 SW Jackson Ave., Suite 570
Topeka, KS 66612-1368

Criteria for Enhancement Applications

1. Strength of applicant agency (program staff, etc.).
2. Strength of coalition (history, number of participants, representation).
3. Strength of goal and SMART objective addressing physical inactivity and/or nutrition. (if applicable)
4. Strength of SMART policy objective focusing either on clean indoor air or youth access.
5. Strength of goal and SMART objective to promote the Kansas Tobacco Quitline.
6. Application content
   - Action Plan: Includes population and evidence based goals, strategies, activities, SMART objectives, and identified evaluation indicators.
   - Coalition List
   - List of Existing Policies
   - Budget: budget and justification (including match).
   - Forms: all applicable forms listed in 4E are submitted
7. Letter of commitment from the local school district(s) for a county-wide Youth Tobacco Survey in school year 2005-06.
8. Inclusion of comprehensive plan and sustainability plan.

Criteria for Chronic Disease Risk Reduction (CDRR) Applications

1. Strength of applicant agency (program staff, etc.).
2. Strength of coalition (history, number of participants, representation).
3. Strength of goal and SMART objective addressing physical inactivity and/or nutrition.
4. Strength of goal and SMART objective to promote the Kansas Tobacco Quitline.
5. Application content
   - Action Plan: Includes population and evidence based goals, strategies, activities, SMART objectives, and identified evaluation indicators.
   - Coalition List
   - List of Existing Policies
   - Budget: budget and justification (including match).
   - Forms: all applicable forms listed in 4E are submitted
   - Inclusion of sustainability plan.

Program Contact Person:
Carol Cramer
Tobacco Use Prevention Program Director
KDHE Office of Health Promotion
ccramer@kdhe.state.ks.us
(785) 368-6308

Appendix A

GUIDE TO COMMUNITY PREVENTIVE SERVICES: TOBACCO USE PREVENTION AND CONTROL

The American Journal of Preventive Medicine's *Guide to Community Preventive Services: Tobacco Use Prevention and Control* addresses the effectiveness of community-based interventions for three strategies to promote tobacco use prevention and control: 1) prevent tobacco product use initiation, 2) increase cessation and 3) reduce exposure to environmental tobacco smoke (ETS).

The following is a sample of recommended population and evidence based strategies with sample activities listed under each one. To view a complete guide and additional strategies visit www.cdc.gov/tobacco/comguide.htm.

1. **Promote and Utilize the Kansas Tobacco Quitline.**
   - *Provider Education Programs & Reminder Systems.*
     - Increase the number of medical staff (example: by 5) who screen patients for tobacco use and advise use of Quitline services where appropriate.
     - Increase the number of medical staff (example: by 5) who use reminder systems to check for tobacco use (Chart stickers, vital sign stamps, and checklists).
     - Increase the medical community's knowledge of the Kansas Tobacco Quitline as evidenced by an increase (example: by 10 calls per month) in referrals to the Quitline by physicians/health care professionals.
   - *Promote the Kansas Tobacco Quitline and encourage people to quit.*
     - Earned Media Examples: check stuffers, utility bill inserts, employee newsletters, collaborate with pharmacies to print the Kansas Tobacco Quitline on prescription bags, newspaper articles, radio programs, church bulletins, post flyers throughout the community, marquee messages at participating schools, businesses and churches, letters to the editor, PSA's (resulting in a 25% increase of calls to the Quitline).

2. **Maintain an active Coalition/Partnership representing community interests.**
   - Identify specific goals and strategies to support clean indoor air strategies, decrease tobacco use and/or change social norms.
   - Utilize coalition evaluation/assessment tools.
   - Conduct strategic planning sessions with coalition.

3. **Enact Community Policies**.
   - *Licensing/youth access ordinances. (www.no-smoke.org & www.kdhe.state.ks.us/tobacco)*
     - Enact policy to decrease youth access to tobacco products.

- Increase the knowledge of key decision makers on benefits of local retail licensing laws.
- Increase the number of retailer ID workshops (and retailers trained) in your community.
- Poll key decision makers to gauge support for local retail licensing laws.

- *Worksite Clean Indoor Air Ordinances (visit www.kdhe.state.ks.us/tobacco for a list of American for Non-Smokers Rights list of model ordinances).*
  - Educate key decision makers on the health benefit of 100% smokefree worksites.
  - Develop and implement a comprehensive strategic plan for achieving a 100% smokefree workplace.
  - Develop a list of all smokefree policies in your community.
  - Promote public awareness of the hazards of ETS exposure and benefits of smokefree environments.

- Cessation Policy Development
  - Promote cessation policy development and implementation among local employers.
  - Increase support for cessation services among local employers.

Strategies taken from *The Guide to Community Preventive Services: Tobacco Use Prevention and Control, Feb 2001.* Supplement to the *American Journal of Preventive Medicine.*

Appendix B

REDUCING OBESITY AND CHRONIC DISEASE THROUGH ADDRESSING NUTRITION AND PHYSICAL ACTIVITY AS RISK FACTORS

The Centers for Disease Control Division of Nutrition and Physical Activity has established four major program areas to be addressed in the reduction of obesity. They include (1) increasing the percentage of the population at ideal weight, (2) improving nutrition through such strategies as increasing breastfeeding and increasing consumption of fruits and vegetables (3) increasing physical activity and (4) decreasing television time.

PHYSICAL ACTIVITY STRATEGIES

The Task Force on community preventive services has published recommended strategies to increase physical activity. The following strategies were included in those recommendations. Sample interventions are listed under each one.

- INFORMATIONAL APPROACHES
  - **community wide campaigns**

    Mass media campaigns (newspaper articles and inserts, radio and TV ads, movie trailers) that are associated with community events to promote physical activity
    - _ Walk Kansas
    - _ Kansas Kids Fitness Day
    - _ Community Challenges
  - **point-of-decision prompts to encourage using stairs**

    Signs at points of entry for elevators and escalators as a reminder to use the stairs.

    Resource: http://www.cdc.gov/nccdphp/dnpa/stairwell/index.htm

- BEHAVIORAL AND SOCIAL APPROACHES
  - **school-based physical education**

    These interventions involve modifying curricula and policies to increase the amount of time students spend in moderate to vigorous activity while in PE classes. This can be accomplished by either increasing the amount of time spent in PE classes or increasing the amount of time that students are active during PE. Modifying the rules to keep the students more active (e.g. the entire team run the bases together when the batter hits the ball).
    - _ Support local School Health Councils
    - _ CLASS ACT
  - **social support interventions in community settings**

    Interventions typically involved setting up a "buddy" system, making "contracts" with others to complete specified levels of physical activity or setting up walking or other groups to provide friendship and support.
    - _ Walking clubs at local trails, malls, parks, etc.
    - _ Classes (e.g. PACE) at Senior Centers
- ENVIRONMENTAL AND POLICY APPROACH,

- **creation of or enhanced access to places for physical activity combined with informational outreach activities**.

These interventions attempt to change the local environment to create opportunities for physical activity. Access to places for physical activity can be created or enhanced both by building trails or facilities and by reducing the barriers (e.g. reducing fees or changing hours of operation). Many of the programs provided training in use of equipment, other health education activities, and incentives such as risk factor screening and counseling. Several of these programs were conducted at worksites.

American Journal of Preventive Medicine May 2002 supplement (Am J Prev Med. 2002: 22 (4S). – Evidence, findings and expert commentaries. See www.communityguide.org/ for individual articles.

NUTRITION STRATEGIES

5 A Day: http://www.cdc.gov/nccdphp/dnpa/5ADay/index.htm
This national nutrition program seeks to increase the number of daily servings Americans eat of fruits and vegetables to five or more. Along with this main goal, the program works to inform Americans that eating fruits and vegetables can improve their health and may reduce the risk of cancer and other chronic diseases. The program provides consumers with easy ways to add more fruits and vegetables into their daily eating patterns.

Websites and Resources

The School Health Index is a useful tool to facilitate community planning around physical activity and nutrition. The *School Health Index* is a self-assessment and planning tool that will enable you to:

- identify the strengths and weaknesses of your school's health promotion policies and programs,
- develop an action plan for improving student health, and
- involve teachers, parents, students, and the community in improving school policies and programs.

The website for the school health index is: http://www.cdc.gov/nccdphp/dash/SHI/
or call toll free: 888-231-6405 to receive a copy. Be sure to specify elementary or middle/high school version.

The Guide to Preventive Services: www.communityguide.org/
The Community Guide can and should be used by anyone involved in the planning, funding, and implementation of populations-based services and policies to improve community health.

The Community Toolbox: ctb.ku.edu
These how-to-sections use simple, friendly language to explain how to do the different tasks necessary for community health and development.

Health Education Resource Exchange (HERE) in Washington: www.doh.wa.gov/here/
A clearinghouse of public health education and health promotion projects, materials and resources in the State of Washington.

Get Fit Kansas: http://www.getfitkansas.org

National Alliance for Nutrition and Activity: www.cspinet.org/nutritionpolicy/nana.html
The National Alliance for Nutrition and Activity (NANA) advocates national policies and programs to promote healthy eating and physical activity to help reduce the illnesses, disabilities, premature deaths, and costs caused by diet- and inactivity-related diseases.

WSU Nutrition Education Eat Better; Eat Together:
http://nutrition.wsu.edu/eat/toolkit.html
Eat Better, Eat Together Tool Kit: Ideas for Promoting Positive Family Meals

Colorado Department of Public Health and Environment:
http://www.cdphe.state.co.us/sub/foodnutrisub.asp
& http://www.cdphe.state.co.us/pp/COPAN/COPAN.html
This site lists recommended best practice strategies for nutrition and physical activity in the schools and community.

Kids Food CyberClub Home Page: www.kidfood.org/
This site has information about lesson plans for teachers and activities for parents and children that provide education on eating well and staying healthy.

How to Build a Walking Trail: www.tdh.state.tx.us/wellness/resource/trail.pdf
A toolkit on how to build a walking trail from the Texas Department of Health Chronic Disease Community & Worksite Wellness Program.

Pedestrian and Bicycle Information Center: http://www.walkinginfo.org/
The PBIC is a clearinghouse for information about health and safety, engineering, advocacy, education, enforcement and access and mobility. It provides online resources to help community planners, engineers, advocators, health officials, and other create safe places for walking and bicycling. The site also has an image library and information about Walk to School Day.

P.E. 4 Life: www.pe4life.org
The collective voice for promoting quality, daily physical education programs for America's youth.

Eat Smart Move More NC: http://www.eatsmartmovemorenc.com/
This website has success stories from community coalitions that have implemented interventions within their own community. Eat Smart, Move More...North Carolina, a statewide initiative that promotes increased opportunities for physical activity and healthy eating through policy and environmental change. Increasing public awareness of the need for such changes to support increased physical activity and healthy eating opportunities is an integral aspect of the initiative.

Hearts 'N Parks:
http://www.nhlbi.nih.gov/health/prof/heart/obesity/hrt_n_pk/index.htm
Hearts N' Parks is a national, community-based program supported by the National Heart, Lung, and Blood Institute (NHLBI) and the National Recreation and Park Association (NRPA). It is designed to help park and recreation agencies encourage heart-healthy lifestyles in their communities.

American Academy of Pediatrics: http://www.aap.org/obesity/
The American Academy of Pediatrics (AAP) is committed to children's health and recognizes childhood overweight and obesity as a serious health concern. The Academy continues to work for improvements in obesity prevention, treatment, advocacy and reimbursement.

The American Academy of Breastfeeding Medicine: http://www.bfmed.org
The Academy of Breastfeeding Medicine is a worldwide organization of physicians dedicated to the promotion, protection and support of breastfeeding and human lactation. Its mission is to unite into one association members of the various medical specialties with this common purpose. The goals are:

- Physician education
- Expansion of knowledge in both breastfeeding science and human lactation
- Facilitation of optimal breastfeeding practices
- Encouragement of the exchange of information among organizations

National Center of Bicycling & Walking: http://www.bikewalk.org/
This site tells you how to help create neighbor-hoods and communities where people walk and bicycle. This doesn't just mean sidewalks, bikelanes and trails, though these will certainly be elements of an overall plan.

The Centers for Disease Control Division of Nutrition and Physical Activity: http://www.cdc.gov/nccdphp/dnpa/
Physical activity and good nutrition are key factors in leading a healthy lifestyle and reducing chronic illnesses.

Walk to School Day: http://www.walktoschool.org/
Whether your concern is safer and improved streets, healthier habits, or cleaner air, Walk to School Day events are aimed at bringing forth permanent change to encourage a more walkable America — one community at a time.

Active Living by Design: http://www.activelivingbydesign.org/
Active Living by Design is a national program of The Robert Wood Johnson Foundation and is a part of the UNC School of Public Health in Chapel Hill, North Carolina. The program will establish and evaluate innovative approaches to increase physical activity through community design, public policies and communications strategies.

America on the Move: http://www.americaonthemove.org/
America on the Move is about energy balance. You are in energy balance when the amount of calories you burn through moving equals the amount of calories you eat every day.

APPENDIX

CONTACT NAMES OF KDHE STAFF

Fiscal Reporting-

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Program Reporting

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- Adolescent Health - Jane Stueve ..... (785) 296-1308
- Maternal Health - Joe Kotsch ..... (785) 296-1306
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ATTACHMENTS